

HEALTHY FAMILIES PROGRAM ANNUAL REPORT SUPPLEMENT TO 2006 FEDERAL ANNUAL REPORT

I. INTRODUCTION

The Managed Risk Medical Insurance Board (MRMIB) is required to submit an annual report (“the Federal Annual Report”) to the Centers for Medicare and Medicaid Services assessing California’s operation of the State Children’s Health Insurance Program (SCHIP) in compliance with Title XXI of the Social Security Act [(Section 2108(a)]. MRMIB submits a copy of this report to the Legislature with a supplement containing additional information pursuant to Section 12693.92(b) of the California Insurance Code that requests the following:.

- ♦ The provision of preventive services by health plans and health care providers.
- ♦ The performance of health plans and providers in providing preventive services and addressing barriers to service delivery.
- ♦ The mechanisms that will be used to identify changes over time in the health status of children enrolled in the program along with the provision of information regarding changes in health status for children enrolled in the program.

The information presented below supplements MRMIB’s submission of the 2006 Federal Annual Report to the Legislature and highlights key areas presented in the 2006 Federal Annual Report and the report’s attachments as identified below:

- ♦ Open Enrollment 2006 Survey Report
- ♦ 2006 Annual Retention Report
- ♦ Phase I Mental Health/Substance Abuse Study
- ♦ 2005 CHIS Preview Documents: “More than Half of California’s Uninsured Children Eligible for Public Programs But not Enrolled” and “One in Five Californians Were Uninsured in 2005 Despite Modest Gains in Coverage”
- ♦ 2003 Health Status Assessment Project (PEDS QL)

The report and its attachments can be found at:

<http://www.mrmib.ca.gov/MRMIB/HFP/Fed06AnnualRpt.pdf>

II. PERFORMANCE OF HEALTH PLANS AND PROVIDERS IN PROVIDING PREVENTIVE SERVICES

MRMIB continues to use methods first outlined in its July 2000 Annual Report to the Legislature to ensure the provision of preventive services by health plans and health providers. These methods include contractually requiring participating health plans to provide information regarding preventive services to subscribers and monitoring plan performance in the provision of preventive services.

A. Participating Plan Contract Requirements

The Healthy Families Program (HFP) health plan contracts require plans to provide the medical services outlined in the program regulations. Periodic health exams, prenatal care, immunizations, well care visits, vision and hearing testing, as well as effective health education are examples of the preventive services included in the regulations. Preventive services, including immunizations, must be provided according to guidelines of the American Academy of Pediatrics (AAP) and the Federal Department of Health and Human Services, Centers for Disease Control and Prevention, Advisory Committee on Immunization Practices. Plans may not charge co-payments for preventive services.

B. Informational Materials

Plans supply subscribers/applicants with informational materials to ensure that families are aware of the AAP recommended schedule of preventive care and to encourage families to obtain preventive services. Each enrolled family receives a member guide that includes the AAP guidelines for preventive services, including an immunization schedule. This information is available in eleven languages. In addition, the health plans' Evidence of Coverage booklets provide subscribers with information about the importance of obtaining preventive services, how to use plan benefits, how to access providers, and where to call with questions.

C. Monitoring Provision of Preventive Services

MRMIB continues to monitor HFP access to care and the delivery of preventive services using the National Committee for Quality Assessment (NCQA) approved Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures. Participating health plans submit annual reports to MRMIB. Plan data is summarized for year-to-year program analysis and plan-to-plan comparisons. The most recent HEDIS Report is attached and is available on the MRMIB website:

<http://www.mrmib.ca.gov/MRMIB/HFP/HEDIS05.pdf>.

Results for preventive services provided in 2005 are summarized in Table 1 below.

Table 1 – Quality Measurement Overview⁽¹⁾

Measure	Healthy Families Program Score 2003	Healthy Families Program Score 2004	Healthy Families Program Score 2005	Medi-Cal Managed Care Score 2004 ⁽²⁾	NCQA National Average Commercial Results 2005 ⁽³⁾	NCQA National Average Medicaid Results 2005 ⁽³⁾
Childhood Immunization Status Combination 2⁽⁴⁾	70%	75%	82%	65%	78%	70%
Well-Child Visits in the 3rd Through 6th Years of Life	67%	68%	65%	70%	Not Included in Report	Not Included in Report
Adolescent Well-Care Visits	36%	37%	36%	37%	Not Included in Report	Not Included in Report
Children's Access to Primary Care Practitioner						
Cohort 1 (Ages 12 - 24 Months)	92%	91%	92%	Not Included in Report	Not Included in Report	Not Included in Report
Cohort 2 (Ages 25 Months - 6 Years)	83%	82%	87%			
Cohort 3 (Ages 7 - 11 Years)	83%	81%	85%			
Cohort 4 (Ages 12 – 18 Years)	NR ⁽⁵⁾	NR ⁽⁵⁾	81%			
Follow-Up After Hospitalization for Mental Illness⁽⁶⁾						
Within 7 Days	38%	40%	38%	Not Included in Report	56%	39%
Within 30 Days	62%	49%	46%		76%	57%
(NEW) Use of Appropriate Medications for People with Asthma⁽⁷⁾	NR ⁽⁵⁾	NR ⁽⁵⁾	89%	62%	90%	86%

(1) Information about the Identification of Alcohol and Other Drug Services measure is located on pages 27 and 28 of the report.

(2) Rates are obtained from *Report of the 2005 Performance Measures for Medi-Cal Managed Care Members*, August 2005.

(3) Rates are obtained from *The State of Health Care Quality, Industry Trends and Analysis*, 2006.

(4) Combination 2 includes diphtheria-tetanus, polio, measles- mumps-rubella, H. influenzae type B, hepatitis B, and chickenpox.

(5) Score was not reported this year.

(6) Total sample size for this measure was 212 subscribers in 2003, 297 subscribers in 2004, and 458 in 2005. The scores for the NCQA Commercial and Medicaid plans include both adults and children.

(7) New measure for 2005. The scores for Medi-Cal and the NCQA Commercial and Medicaid plans include both adults and children.

There continues to be improvement in the percent of children receiving their childhood immunizations in HFP. Little change occurred for other measures, except the measure “Access to a Primary Care Physician for Age Group: 25 months to six years” which increased five percent over the prior year.

A detailed description of the measures and results by ethnicity, primary language of subscriber, and by participating health plan can be found in the Federal Annual report on the MRMIB website: <http://www.mrmib.ca.gov/MRMIB/HFP/HEDIS05.pdf>

D. Improving Mental Health/Substance Abuse Services for HFP Subscribers

1. HEDIS ® Measure for Mental Health/Substance Abuse

MRMIB discontinued using the “Follow-Up After Hospitalization for Mental Illness” HEDIS® Measure in 2006 and replaced it with the “Mental Health Utilization” HEDIS® Measure which calculates the number and percentage of members, by age and sex, receiving mental health services during the measurement year in four categories of service:

- Any mental health services (inpatient, day/night, ambulatory)
- Inpatient mental health services
- Day/night mental health services
- Ambulatory mental health services

MRMIB believes the new measure will provide a more complete and accurate report of the utilization of mental health services by HFP subscribers.

2. Mental Health Workgroup

In April 2007, MRMIB convened a mental health workgroup comprised of HFP plan and county mental health liaisons, MRMIB staff, County Mental Health Directors Association (CMHDA), Department of Mental Health (DMH) and the MRMIB contractor studying HFP Mental Health/ Substance Abuse services. The workgroup meets quarterly.

MRMIB uses the workgroup’s expertise to identify best practices in the coordination and provision of care to children with serious emotional disturbances (SED) as well as the provision of basic mental health and substance abuse services provided by the HFP health plans.

3. Mental Health/Substance Abuse Study

MRMIB has contracted with Macias Consulting to conduct a two year study that will focus on basic mental health and substance abuse services provided by the HFP health plans. The study will help MRMIB identify strategies to improve the HFP health plan mental health/substance abuse delivery system and to decrease barriers to services.

III. PERFORMANCE OF HEALTH PLANS AND PROVIDERS IN ADDRESSING BARRIERS TO SERVICE DELIVERY

A. Ensuring Access to Providers

1. Adequate Network of Providers

a) Requirements

Health plans regulated by the Department of Managed Health Care (DMHC) are required to comply with provider accessibility requirements that are contained in Title 28, Section 1300.67.2 (d) of the California Code of Regulations. The requirements mandate a ratio of approximately one full-time equivalent primary care physician (PCP) for each two thousand enrollees.

b) HFP Health Plan Primary Care Provider Report

Health plans annually report to MRMIB the number of PCPs included in their network, and the percentage of PCPs who are accepting new patients. MRMIB uses the DMHC accessibility requirements during its review of each plan's report and will work with the plan to address any concerns. MRMIB did not identify any concerns about subscriber access to PCPs during the review of the 2006 annual reports submitted by the health plans.

c) Primary Care Physicians Accepting New Patients

Health plans reported that 85.3 percent of PCPs were accepting new patients in the 2005-06 benefit year.

2. Rural Health Demonstration Projects

a) Background

- ♦ The Rural Health Demonstration Project (RHDP) enhances access to medical services by addressing healthcare barriers experienced by children living in rural areas of the state and children of migrant and seasonal worker families. The RHDP increases access to health, dental, and vision care through two strategies:
 - Geographic Access Strategy that funds projects in geographically isolated communities, and
 - Special Populations Strategy that funds projects in communities with underserved populations such as migrant seasonal farm workers, American Indians and fishing and forestry workers.

b) RHDP Funding

- ♦ Funding for the RHDP is allocated by the California Legislature and the Governor as part of the State Budget process. The federal government provides matching funds through the State Children's Health Insurance Program (SCHIP) under Title XXI of the Social Security Act. The state/federal funding for the RHDP is approximated thirty-five percent (35%) state funds and sixty-five percent (65%) federal funds. The volume of proposals for RHDP always exceeds the amount of funding available. Budgetary constraints led to a reduction in the allocation for RHDP funding in 2003-04 and 2004-05 from \$6 million to \$2.877 million. The Legislature augmented RHDP funding in 2005-06 Budget bringing the allocation for the RHDP to \$5.75 million. Funding for RHDP was continued in 2006-07 and in 2007-08.

c) Current Projects

MRMIB currently funds 66 RHDP projects, of which 31 are medical and 35 are dental projects. Fifty-six (56) projects are scheduled to end June 30, 2007 and ten (10) projects will end on September 30, 2008.

- ♦ Current RHDP projects fall into eight major categories:
 - › Extended/Additional Provider Hours
 - › Mobile Dental and Health Vans
 - › Increase Available Providers
 - › Rate Enhancements
 - › Telemedicine
 - › Mental Health and Substance Abuse Services
 - › Nutrition/Obesity Prevention
 - › Asthma Intervention.

3. Projects for FY 2007-08 and FY 2008-09 solicitations

a) Funding

- › MRMIB will have an estimated \$5,800,000 for Fiscal Years (FYs) 2007-08 and 2008-09 for RHDP.

b) RHDP Solicitation

- › MRMIB issued a solicitation for RHDP Projects for Fiscal Years (FY) 2007-08 and 2008-09 seeking creative proposals under either the Geographic Access or Special Populations strategies, or both. MRMIB requested that plans consider the following types of projects:
 - Increase hours of clinic operations
 - Increase the number of providers available to subscribers at remote facilities

- Mental health and/or substance abuse services
 - Adolescent Health Services
 - Health education in the areas of oral health care, diabetes and obesity, including nutrition and preventive counseling programs
 - Community-based preventive care and health promotion programs
 - Oral health services
 - Telemedicine
 - Use of “Promotores de Salud” (community health workers)
 - Use of ambulatory surgery centers with special emphasis on providing general anesthesia for pediatric dental procedures.
- › The RHDP solicitation was presented by MRMIB staff at the June 20, 2007 MRMIB Board meeting. The Board approved the solicitation and the funding for the proposals which will be for two fiscal years, November 1, 2007 through June 30, 2008 and July 1, 2008 through June 30, 2009. The second year funding will be contingent on the plans’ continuing participation in the Healthy Families Program in the 2008/2009 contract year. Projects recommended for funding can be found on the MRMIB website at: http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_091907/Agenda_item_8i_RHDP.pdf.

B. Cultural & Linguistic Services (C&L)

1. Cultural and Linguistic Services Survey Report

- ♦ The Cultural and Linguistic Services Survey Report (C L Report) describes how HFP plans fulfill the contractual requirement to provide culturally and linguistically appropriate services to subscribers. The C&L Report also includes an update of the activities and/or services plans propose to implement as a result of the Group Needs Assessment (see below).
- ♦ Participating plans undertake a variety of activities to provide culturally and linguistically appropriate services to their Limited-English Proficient (LEP) subscribers. These activities include:
 - › Informing subscribers of the availability of linguistic services;
 - › Providing interpreter services for all LEP subscribers seeking health services;
 - › Maintaining a website that identifies and reports the on-site linguistic capabilities of providers and provider office staff, as well as the distance from a subscriber’s residence to a provider’s office;
 - › Encouraging subscribers to choose culturally and linguistically appropriate providers;

- › Translating written informational materials for subscribers; and
 - › Developing internal systems to meet the cultural and linguistic needs of subscribers.
- ♦ MRMIB assesses how plans meet HFP subscriber needs related to language access and culturally appropriate services through an annual survey completed by each plan. MRMIB revised the C&L survey in 2006 to elicit more precise answers from the plan. Advocate groups and HFP participating plans provided input to the C&L survey revision. MRMIB also reviews grievances and member complaints to identify language barriers reported by subscribers. The summary of plan responses to the 2006 C&L survey report can be found on the MRMIB website at _____.

2. DMHC Requirements for C&L Services

- ♦ The Department of Managed Health Care (DMHC) published regulations on February 23, 2007 that require all managed health, dental and vision plans licensed by DMHC through the Knox-Keene Act of 1975 to develop Language Assistance Programs (LAP). Thirty (30) HFP participating plans are licensed by DMHC. Many of the DMHC requirements are similar to the HFP C&L requirements, but there are some differences. MRMIB is reviewing the differences to determine if there will be new and/or additional requirements placed on HFP plans as a result of the DMHC regulations. MRMIB is also determining if there are activities unique to HFP C&L requirements that should be continued. MRMIB will communicate with HFP plans regarding any changes to their C&L requirements.

3. Group Needs Assessment

- ♦ HFP plans will complete a Group Needs Assessment (GNA) by September 30, 2007. The plans complete the GNA every four years. The plans must assess the internal systems they have in place to address the cultural and linguistic needs of their HFP enrollment population. Plans accomplish this by using plan internal data such as complaints and grievances, results from member surveys, diversity and language ability of staff, internal policies and procedures, education and training of staff and providers regarding cultural and linguistic competency issues. Plans also analyze utilization and outcome data by race, ethnicity and primary language. Subscribers, as well as their representatives, are given the opportunity to provide input to the GNA through participation in their plan's GNA workgroup and committees. MRMIB staff will report to the Board on GNA data in late 2007.

IV. MONITORING QUALITY OF SERVICE AND SERVICE DELIVERY

A. Dental Quality Measurement

1. Dental Quality Report

- ♦ MRMIB staff presented the “Dental Plan Quality Measurement Report for Services Provided in 2004” at the July 19, 2006 Board meeting. The report identified low percentages of HFP subscribers receiving a number of dental services, including an initial dental visit, periodic dental visits, prophylaxis (preventive care), and dental sealants.

2. Follow-up Activities to Dental Quality Report

a) Feedback to the Dental Plans

- › MRMIB contacted each participating dental plan to discuss what may be causing the low percentage scores reported in the Dental Plan Quality Measurement Report. Plans were asked to provide corrective action strategies and timelines for implementation of those strategies. MRMIB also identified best practices among the participating dental plans and shared those best practices as part of the feedback to the plans.

b) Review Current Dental Measures

- › The Board established a dental advisory committee to recommend whether or not the current dental measures provide the information needed to determine if HFP subscribers are receiving appropriate dental services. The final recommendations on dental quality measures can be found on the MRMIB website at:
http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_091907/agenda_item_8k.pdf
- ♦ The complete Dental Plan Quality Measurement Report for Services Provided in 2004 report can be found on our website at:
http://www.mrmib.ca.gov/MRMIB/Dental_plan_rpts.html

B. Subscriber Surveys

1. Consumer satisfaction surveys

- ♦ MRMIB uses the Consumer Assessment of Healthcare Providers and Systems (CAHPS) 3.0 survey and the Consumer Assessment of Dental Providers and Systems (D-CAHPS) 1.0 survey to gather information about HFP subscriber satisfaction with their health and dental plans. MRMIB has been conducting the CAHPS for five years and the D-CAHPS for four years. Additionally, MRMIB began conducting the Young Adult Health

Care Survey (YAHCS) in 2006 to survey teens. The surveys were administered in five languages – English, Spanish, Chinese, Korean and Vietnamese. Responses from the CAHPS and D-CAHPS surveys provide information on access to care, quality of provider communication with subscribers and members' experience and satisfaction with their health and dental plan, providers and overall health care. Responses from the YAHCS provide information on the quantity and quality of recommended counseling and screening teens receive. MRMIB intends to survey teens in 2007.

- The results of the 2006 CAHPS show that families experience a high level of satisfaction with the HFP, with scores comparable to other SCHIP and Medicaid programs. Families report higher levels of satisfaction with the Dental Exclusive Provider Organizations (EPOs) compared to Dental Maintenance Organizations (DMOs) overall. Families' satisfaction with dental plans is lower than their satisfaction with health plans. The results of the 2006 YAHCS indicate that the majority of teens see a doctor for routine care and do not have a problem getting care when they need it. The results also indicate that improvements are needed to ensure teen receive preventive screenings and counseling on risky behaviors.
- ◆ Additional Information about these surveys can be found in Attachments II, III and IV of the 2006 Federal Annual Report (attached).
- The YAHCS survey will provide the opportunity for a two year comparison of the experiences of teens in the HFP.

2. Plan Disenrollment Survey

- ◆ During open enrollment, all subscribers who request to transfer to a different health, dental or vision plans are sent a plan disenrollment survey by the HFP administrative vendor. The survey requests information on why members decided to switch plans. Survey questions address plan quality, cost, adequacy of the provider network, and access to primary care providers. Subscribers who voluntarily changed plans in 2006 identified the following as some of the reasons for requesting the change:
 - Problem getting a provider with whom they were happy.
 - Appointments to see a provider needed to be made too long in advance.
 - Not satisfied with the care received.
 - Provider's office too far away.
 - Not being able to see provider when need is urgent.

- ♦ The table below identifies the average percentage of subscribers changing plans in 2006:

Type of Plan	Average Percentage of Subscribers Changing
Health plans	2.5%
Dental Plans	3.1%
Vision Plans	0.52%

- › The average percentage of subscribers changing health plans and vision plans in 2006 was consistent with the average percentage in 2005. Dental plans experienced a slight increase (1.1%) in the percentage of subscribers changing plans between 2005 and 2006.

3. Subscriber Complaints

- ♦ MRMIB receives direct inquiries and complaints from HFP applicants. All HFP inquiries and complaints are entered into a database that is categorized by the subscriber's plan, place of residence, the family's primary language and type of request. This data enables staff to:
 - › Track complaints by plan;
 - › Monitor access to medical care by plan;
 - › Evaluate the quality of health care being rendered by plan;
 - › Evaluate the effectiveness of plans in processing complaints; and
 - › Monitor the plan's ability to meet the linguistic needs of subscribers.
 - › Refer a complaint to DMHC for an independent medical review as needed.

V. THE YEAR AHEAD

MRMIB will continue to monitor HFP plan and provider performance using current surveys and tools. In addition, MRMIB expects to begin use of encounter and claims data to track utilization of health care services in the 2007/08 fiscal year. MRMIB will track health plan performance over time and incorporate cultural and linguistic access, and grievance and appeal rates to evaluate plan performance.

A. HEDIS REPORT

- ♦ The HEDIS[®] report for 2007 will include several additional measures:
 - › **Chlamydia Screening in Women:**

The percentage of women 16-18 years of age who were identified as sexually active, who were continuously enrolled during the measurement year with no more than one gap in enrollment of up to 45

days during that time and who had at least one test for Chlamydia during the measurement year.

➤ **Appropriate Treatment for Children with Upper Respiratory Infection (URI) (HEDIS® Measure):**

The percentage of enrolled members 3 months through 18 years of age during the measurement year, who were given a diagnosis of upper respiratory infection and were not dispensed an antibiotic prescription on or three days after the Episode date.

➤ **Appropriate Testing for Children with Pharyngitis (CWP) (HEDIS® Measure)**

The percentage of enrolled children 2 through 18 years of age during the measurement year, who were given a diagnosis of pharyngitis, prescribed an antibiotic and received a group A streptococcus (strep) test for the episode.

B. Consumer Satisfaction Surveys

- ♦ The CAHPS, D-CAHPS and YAHCS surveys will be administered again in late 2007.
- The CAHPS will include a supplemental survey to assess the experiences of subscribers with chronic medical conditions.
- The D-CAHPS has been updated and customized for the HFP with the assistance of the RAND Corporation. The most recent version of the survey, the D-CAHPS 4.0 will be used in 2007.

C. New Dental Quality Measures

As noted in Section VI.A.2.b, MRMIB convened an advisory committee comprised of plan dental directors, practicing dentists, and other dental experts with extensive knowledge in dental quality measurement to evaluate and recommend dental quality measures that MRMIB may use to monitor quality in dental care plans.

The final recommendations for dental quality measures can be found on the MRMIB website at:

http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_091907/agenda_item_8k.pdf

VI. SUMMARY

The HFP health and dental plans continue to promote and provide preventive services to HFP subscribers. The plans also work to prevent barriers to service delivery for HFP subscribers. However, there are still a number of areas that need improvement and require attention by the plans to ensure a larger number of HFP members are receiving preventive services, including.

Preventive Services

- ♦ Periodic Health Visits especially for children ages 7-18
- ♦ Adolescent well care visits
- ♦ Dental preventive services

MRMIB will continue to work with plans to identify barriers so that their preventive services scores improve. MRMIB will monitor the preventive services data reported by the plans and identify improvements or lack thereof. MRMIB will work with plans to identify best practices and, where necessary, develop corrective action plans and timelines for completion.